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PTO/SB/50(4/98)



REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	560.027
First Named Inventor	Vahran Bardisbanyan
Original Patent Number	5,765,398
Original Patent Issue Date (Month/Day/Year)	June 16, 1998
Express Mail Label No.	EL414755475US

APPLICATION FOR REISSUE OF:
(check applicable box)

☒

Utility Patent

☐

Design Patent

☐

Plant Patent

APPLICATION ELEMENTS

- ☒ *Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribbioned Original Patent Grant
☐ Affidavit/Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ *Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☐ Other:

*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		or	<input checked="" type="checkbox"/> Correspondence address below
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NAME (Print/Type)	Anna Vishev	Registration No. (Attorney/Agent)	45,018
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DONOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 27	Total Claims (37 CFR 1.16(j))	(B) 32	**** 5 =	x\$ 9 =	45	or	x\$ ____ =	
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 1	* 0 =	x\$ ____ =			x\$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 345		\$ ____	
Total Filing Fee					\$ 390	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x\$ ____ =		or	x\$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x\$ ____ =			x\$ ____ =
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2105</u> in the amount of <u>\$390</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-2105</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p>								
<p>3/20/00</p> <p>Date</p>		<p style="text-align: center;"><u>Anna Vishev</u></p> <p style="text-align: center;">Signature of Applicant, Attorney or Agent of Record</p>						
		<p style="text-align: center;">Anna Vishev, Reg. No. 45,018</p> <p style="text-align: center;">Typed or printed name</p>						

Patent No.:	5,765,398
Filed:	Nov. 4, 1996
Granted:	Jun. 16, 1998
Patentee:	Vahran Bardisbanyan
Assignee:	Marquesa, Inc.
Title:	<i>Method and Apparatus for Assembling Stones in Jewelry</i>
Attorney Docket No.:	560.027

REISSUE APPLICATION BY THE INVENTOR,
OFFER TO SURRENDER PATENT

Name of Patentee	Vahran Bardisbanyan		
Patent Number	5,765,398	Date Patent Issued	Jun. 16, 1998
Title of Invention	Method and Apparatus for Assembling Stones in Jewelry		

I offer to surrender the original patent.

- ☒ Filed herein is a certificate under 37 CFR 3.73(b)
- ☐ Ownership of the patent is in the inventor, and no assignment of the patent has been made.

Signature 3/1/00 Date

Typed or Printed Name Vahram Bandisbanyan

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CONSENT OF ASSIGNEE,
CERTIFICATE UNDER 37 CFR 3.73(b)

The assignment of assignor's interest to Marquesa, Inc. is recorded on

reel/frame number: 8242/0982 recordation date: Nov. 04, 1996

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

Name of Assignee Marquesa, Inc.

Signature of the Person Signing for Assignee

Date _____

Typed or Printed Name and Title of the Person Signing for Assignee

Vahram Bardisbanyon